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**Testimony of**  
**Natasha M. Pierre, JD, MSW**  
**Policy & Legislative Director**  
**The Permanent Commission on the Status of Women**  
**Before the**  
**Insurance and Real Estate Committee**  
**March 6, 2014**

**Re: S.B. 191, AAC Health Insurance Coverage of Orally and Intravenously Administered Medications**  
**H.B. 5245, AA Requiring Health Insurance Coverage for Fertility Preservation for Cancer Patients**

Senators Crisco and Kelly, Representatives Megna and Sampson, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) regarding S.B. 191 and H.B. 5245.

*Impact on CT Women:* These bills would aid cancer patients to treat their illness and make plans for their future. This is particularly significant because:

- Connecticut has the second highest rate of breast cancer in the country.<sup>1</sup>
- Breast cancer is diagnosed more often than any other cancer and is the second leading cause of cancer-related death in Connecticut women.<sup>2</sup>
- The most common cause of cancer death in CT women is lung cancer (25%) followed by breast cancer (15%) and colon cancer (10%).<sup>3</sup>

**S.B. 191, AAC Health Insurance Coverage of Orally and Intravenously Administered Medications**

S.B. 191 would require insurance companies who already provide coverage for IV administered medications to also cover the same medications if they are available to be administered orally. Thanks to

<sup>1</sup> Komen CT (2011). CT Has the Second Highest Incidence of Breast in the U.S..

<sup>2</sup> CT Department of Public Health (2011). Breast Cancer in Connecticut.

<sup>3</sup> Ibid.

advancements in modern medicine some medications, including some forms of chemotherapy, can now be taken in the form of a pill or liquid, instead of solely through an IV.

While it is up to a doctor and patient to decide whether IV or oral medications make the most sense, there are benefits to being able to take medication by mouth. Those benefits include (1) the ability to be in the comforts of one's home instead of sitting in a hospital for hours at a time connected to an IV and (2) the avoidance of more invasive medical interventions such as chemotherapy ports. Providing doctors and patients with more options for treatment benefits all Connecticut women – those soon to be diagnosed with cancer and those in the future.

### **H.B. 5245, AA Requiring Health Insurance Coverage for Fertility Preservation for Cancer Patients**

H.B. 5245 would require health insurance coverage for fertility preservation for an insured who has been diagnosed with cancer but has not started cancer treatment. These individuals may become infertile as a result of conducting a necessary medical procedure related to cancer and other conditions, and would like to preserve their ability to have children in the future.

In the United States there are approximately 800,000 reproductive-aged men and women who have cancer, many of whom have concerns about their fertility.<sup>4</sup> Lifesaving cancer treatments may reduce fertility by destroying eggs and sperm - eggs do not regenerate; their loss is permanent and premature menopause may occur as a result.<sup>5</sup>

According to the American Society for Reproductive Medicine (ASRM),<sup>6</sup> a lack of money is the biggest barrier preventing women with cancer who have received counseling on fertility preservation from following through with it. Women reporting to a reproductive health clinic for fertility preservation (FP) counseling were surveyed before and after their new patient consultations, again at the time they made their decisions about FP and then, six to eight months later. Of those surveyed at the third time point (decision-making), 90% identified cost and lack of insurance coverage as their reasons for not undergoing fertility preservation.

The cost for embryo preservation is significant. ASRM conducted a survey, with 48 clinics responding, and found that the average costs for FP was between \$6,608 to \$8,285 for embryo preservation and \$244 to \$381 for sperm preservation.<sup>7</sup> Providing insurance coverage for FP will substantially increase the opportunity for those affected to preserve their fertility.

We look forward to working with you to address these important issues. Thank you for your consideration.

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<sup>4</sup> American Society for Reproductive Medicine (January 2004). Patient's Fact Sheet: Cancer and Fertility Preservation. Retrieved from <[www.arasm.org](http://www.arasm.org)>.

<sup>5</sup> Ibid.

<sup>6</sup> American Society for Reproductive Medicine (October 23, 2001). *Fertility Preservation for Cancer Patients: Demographic Disparities in Counseling and Financial Concerns Are Barriers to Utilization*. Retrieved from <[http://www.sart.org/Fertility\\_Preservation\\_for\\_Cancer\\_Patients\\_Demographic\\_Disparities\\_in\\_Counseling\\_and\\_Financial\\_Concerns\\_Are\\_Barriers\\_to\\_Utilization](http://www.sart.org/Fertility_Preservation_for_Cancer_Patients_Demographic_Disparities_in_Counseling_and_Financial_Concerns_Are_Barriers_to_Utilization)>.

<sup>7</sup> Ibid.